National Guideline for Telehealth Services Delivery In Oman

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Sultanate of Oman

Ministry of Health

Directorate general of health services and programs

National Center for Virtual Health

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Acronyms

Acronym	Full Term
DGH&P	Directorate General of Health Services and Programs
DGPHE	Directorate General of Private Health Establishments
HER	Electronic Health Record
FAQs	Frequently Asked Questions.
IT	Information Technology
KPI	Key Performance Indicator
MoH	Ministry of Health
NCVH	National Center for Virtual Health
TRA	Telecommunications Regulatory Authority

Definitions

- **Telehealth**: The use of telecommunication and digital technologies to provide health services at a distance. This encompasses a wide range of practices, including telemedicine, tele-consultation, tele-monitoring, tele-education, and tele-supervision.

- **Telemedicine**: A subset of telehealth focused on delivering clinical health services, such as diagnosis, consultation, treatment, and follow-up, through remote communication technologies.

- **Telehealth Consultation**: A virtual interaction between a healthcare provider and a patient for clinical purposes using telehealth technologies.

- **Telehealth Encounter (Virtual Visit or E-Visit)**: A specific session or instance where a patient and healthcare provider connect remotely to provide or receive health services via telehealth platforms.

- **A Telehealth Care Provider is a** healthcare professional **who delivers** remote medical, therapeutic, or advisory services using telecommunication technologies. This includes physicians, pharmacists, dietitians, nurses, psychologists, psychiatrists, physiotherapists and any health care therapist. They provide virtual consultations, prescribe treatments, offer counseling, conduct tele-triage, and support rehabilitation. Telehealth Care Providers ensure accessible, high-quality, and patient-centered care**,** adhering to national healthcare regulations and professional standards**.**

- **Automated Triage**: A systematic, technology-driven process to evaluate and categorize patients based on the urgency of their medical conditions. Automated triage systems aim to identify emergency cases and filter patients eligible for telehealth services.

- **Virtual Nurse Triage**: The initial virtual assessment conducted by a trained nurse to evaluate the patient's condition, prioritize care based on urgency, and guide the patient to appropriate services.

- **Patient's Representative:** An individual authorized to make healthcare decisions on behalf of a patient who is incapacitated or unable to make decisions independently.

- **Telehealth Platform:** A digital health system used by healthcare institutions in **Oman** to facilitate remote medical consultations, provide access to personal health information, and support virtual healthcare services. Each sector may implement its own telehealth platform in accordance with national healthcare **regulations** and standards.

- **Informed Consent for virtual visit**: A formal agreement provided by a patient or their representative before receiving telehealth services. This consent indicates understanding of the nature, scope, risks, benefits, and limitations of telehealth and authorizes its use.

- **Virtual Physical Examination**: The process of assessing a patient's health remotely using video, images, or other telehealth tools to observe symptoms and gather information for diagnosis and treatment planning.

- **Data Privacy**: The protection of personal health information during its collection, storage, use, transfer, and disclosure, ensuring compliance with national policies and maintaining confidentiality.

- **Telehealth Technology**: The hardware, software, and platforms used to deliver telehealth services, including video conferencing tools, remote monitoring devices, and secure data-sharing applications.

- **Tele pharmacy:** is a method used in pharmacy practice in which a pharmacist utilizes telecommunication technology to oversee aspects of pharmacy operations or provide patient care services. The services may include medication review and monitoring, patient counseling, clinical consultation, outcomes assessment, decision support, and drug information and prescription verification, by a qualified pharmacist for the patients located at a distance from a hospital, pharmacy, or healthcare center.

Chapter One

1. Introduction

The Directorate General of Health Services and Programs (DGH&P), through the National Center for Virtual Health (NCVH) has developed this national guideline to standardize the implementation and management of telehealth services across all healthcare institutions in the Sultanate of Oman. This effort reflects the Ministry of Health's commitment to innovation, equity, and sustainability in healthcare delivery, and aligns with the strategic objectives of Oman Vision 2040.

Telehealth is an evolving model of care that utilizes digital communication technologies to deliver clinical, therapeutic, and advisory services remotely. It offers a patient-centered approach that enhances healthcare accessibility, particularly for individuals in remote or underserved areas, while also supporting continuity of care, improving system efficiency, and optimizing the use of available resources in both public and private sectors.

This guideline serves as a foundational document to ensure that telehealth services in Oman are delivered in a safe, regulated, and high-quality manner, consistent with national healthcare priorities.

2. Purpose

2.1 To provide a recognized standardized processes for establishing and developing telehealth services across health care institution in Oman

2.2 To define the requirements for providing accessible, safe, and high-quality telehealth services.

2.3 To ensure continuity of patient care when receiving telehealth services.

2.4 To improve the utilization of **healthcare resources across public and private sectors**.

2.5 To enhance the efficiency and integration of technology infrastructure within the healthcare sector to support telehealth services.

3. Scope:

This document is applicable to:

3.1 All healthcare institutions in Oman that provide telehealth services.

3.2 All healthcare professionals who are responsible for providing telehealth services in healthcare institutions.

3.3 Community healthcare providers and home healthcare services.

3.4 Licensed telehealth platforms.

4. Structure

This first edition of the guideline is organized into four chapters:

- **Chapter 1** outlines the background, key definitions, purpose, scope, and structure of the guideline.

- **Chapter 2** details the operational procedures and requirements for the delivery of telehealth services.

- **Chapter 3** defines the roles and responsibilities of stakeholders at national and institutional levels.

- **Chapter 4** includes document control, version history, references, and annexes to support effective implementation.

Telehealth Services Procedure

5. Pre-Implementation Analysis:

The successful implementation of telehealth programs requires careful planning and evaluation. Pre-Implementation Analysis allows healthcare organizations to assess the feasibility, requirements, and potential challenges of adopting telehealth technologies. This analysis involves:

5.1 Conduct a readiness assessment, evaluating infrastructure, technology, staff preparedness, and patient needs.

5.2 Engage key stakeholders early, including healthcare providers, administrative staff, IT, and patient representatives.

5.3 Identify the necessary resources, including technology (hardware and software), training programs, financial investment, and support services required for the successful implementation of telehealth.

5.4 Conduct a risk assessment, identify barriers, and develop plans for any unforeseen challenges.

5.5 Develop a comprehensive implementation plan based on the readiness and risk assessments. This plan should outline the objectives, expected benefits, required resources, timelines, and potential challenges. Share this plan with stakeholders to ensure alignment and support.

5.6 Ensure that the planned telehealth services comply with all relevant legal and regulatory requirements.

6. Implementation:

6.1 **Form a telehealth Implementation Team**

6.1.1 Teams should be formed to implement telehealth: within the health institute level and at the general directorate level.

6.1.2 The teams may include representatives from administration, clinical staff, IT, engineering. Clinical staff may include doctors, nurses, dietitians, pharmacists, and laboratory and radiology representatives.

6.1.3 Assign roles and responsibilities: designate a leader, IT specialists.

6.1.4 The team should get approval from the DG/Institute Director.

6.2 Choose Technology and Technical Support

6.2.1 Evaluate and select telehealth platforms that align with national healthcare standards, ensuring accessibility for patients through chat, audio, or video communication. The selected platform should comply with the approved national telehealth framework and regulatory requirements.

6.2.2 Ensure seamless integration of telehealth platform data with electronic health records (EHR) or patient management systems.

6.2.3 Establish a dedicated technical support system to address operational challenges, ensuring reliability, Cybersecurity, and optimal user experience for both healthcare providers and patients

6.3 Assess Needs and Goals

6.3.1 Identify the target population by determining specific patient demographics that will benefit most from telehealth services, such as those with chronic conditions, elderly patients, or those in geographically remote areas.

6.3.2 Define objectives and establish clear, measurable goals for the telehealth program, such as improving access to healthcare, reducing wait times, decreasing no-show rates, enhancing patient engagement, and enabling expertise consultations.

6.4 Set up the infrastructure by providing necessary equipment, such as computers, webcams, and secure tools for telehealth practice, and ensuring reliable internet connectivity throughout the facility.

6.5 Patient Engagement and Education

6.5.1 Create educational materials to inform patients about telehealth services in your institution.

6.5.2 Provide user guides with simple instructions for accessing telehealth visits.

6.5.3 Comprehensive education and support should be provided for patients and providers, including tutorials, FAQs, and technical assistance.

6.6 Pilot Testing

6.6.1 Conduct a pilot program with a small group of patients to identify challenges and gather feedback.

6.6.2 Refine process based on pilot feedback and make necessary adjustments.

6.7 **Launch full implementation by** expand telehealth services to all eligible patients.

6.8 **Monitor and evaluate telehealth services** by gathering data on patient satisfaction, usage rates, and clinical outcomes, and use the feedback to enhance processes and address any issues.

By following these steps and ensuring strong team collaboration, your health institute can successfully implement telehealth services, improving access to care and enhancing patient experiences.

7. Performing Telehealth services:

7.1 Process for structural telehealth consultations:

7.1.1 *Pre-Telehealth Consultation*

Before consultation is started, the following should be considered:

7.1.1.1 Choose the Telehealth consultation type:

- Patient -to-doctor
- Doctor -to-patient
- Provider-to provider

7.1.1.2 Select the consultation mode:

- Audio, video or chat

7.1.2 Determine the lead provider:

- Ensure to assign responsibility based on service needs (e.g.-physician-led, nurse, edition-led, or other specialists as required).

7.1.3 Set a service fee:

- fees must align with healthcare sector policies and regulations. Institutions should provide clear guideline on payment, exemptions, and collection procedure, Transparency is key -ensure that patient is informed of any costs before the consultation.

7.1.4 Patient Filtering and Triage:

7.1.4.1 Automated triage if needed use an approved system or conduct initial triage manually based on health institute inclusion and exclusion criteria.

7.1.4.2 Providers should introduce themselves (Name, Designation, Department, Institution).

7.1.4.3 Patient verification by confirming identity, including affiliated institutions and primary/secondary contacts.

7.1.4.4 Minors (under 18 years) must have an adult representative. If the adult representative is absent, then the client is considered <u>ineligible</u> for the service unless he/she has an emergency.

7.1.4.5 If the caller does not seek consultation for self but for someone else (e.g. a child or incapacitated person), the following information needs also to be gathered: the caller's full name, civil ID number, and relationship to the patient.

7.1.4.6 Conduct Risk Assessment if patient circumstances require.

7.1.4.7 Language Preference: Confirm patient's language (Arabic, English, or third if provider is fluent on it).

7.1.4.8 Informed consent is mandatory before initiating telehealth services, ensuring patients understand the service scope, data privacy, and their rights.

7.2 **During a Telehealth Consultation:**

7.2.1 The following are the steps that should be followed when conducting a telehealth consultation:

7.2.1.1 Great the patient and introduce yourself (name and designation). Also, introduce all other individuals attending or viewing the consultation (supportive staff, trainees, etc.) whether they are on-camera or off-camera so that the patient is aware of their presence.

7.2.1.2 Verify the patient by asking him/her to state the full name.

7.2.1.3 Ensure the patient understands the process involved in telehealth consultation and is comfortable

7.2.2 Assess the patient by taking proper history and conducting virtual physical examination if applicable. When necessary, review the patient's medical record for more information about the patient's previous medical history.

7.2.3 Apply clinical judgment to establish a diagnosis and determine the appropriate course of action based on the assessment. The patient's management plan may involve one or more of the following:

7.2.3.1 Prescribing medication.

7.2.3.2 Providing health education for self-care.

7.2.3.3 Referring the patient for in-person evaluation.

7.2.3.4 Ordering lab or radiology tests for diagnosis.

7.2.3.5 Scheduling follow-up or specialist appointments.

7.2.4 Explain to the patient your management plan and ensure that the patient understands and agrees with the proposed plan.

7.2.5 Explain to the patient any arrangements you have made and how to get them done. For example:

7.2.5.1 Investigations (e.g. what kind of tests, where to go to get the test done, how to prepare for the test).

7.2.5.2 Referral to a health facility (e.g. where the patient is referred and when to go).

7.2.5.3 Prescription (e.g. where to go to collect the medications, how to use them).

7.2.5.4 Follow-up (e.g. where and when to go for follow-up).

7.2.5.5 Sick leave (Should be downloaded from the telehealth platform or sent directly to the patient).

7.2.6 Offer the patient the opportunity to ask questions and to clarify any information.

7.2.7 End the consultation and document it in the patient's medical record.

7.3 **Important considerations for telehealth consultations:**

7.3.1 Telehealth providers are subject to the same legal and professional consequences for misdiagnosis, misconduct, or negligence as in-person care. They must uphold their duty of care to avoid liability.

7.3.2 Telehealth should not be used for cases with legal implications (e.g. abuse, suicide attempts, major trauma); patients must be referred to a health facility. If the patient refuses, providers must proceed with extreme caution to avoid legal risks.

7.3.3 Face-to-face consultation is recommended for:

7.3.3.1 Diagnosing complex or serious medical conditions.

7.3.3.2 Delivering critical lab or radiology results that require in-depth discussion.

7.3.3.3 Addressing sensitive health concerns that require privacy and direct patient-provider interaction.

7.3.4 If a telehealth consultation is affected by language barriers, poor connectivity, or communication issues, the provider should assess early and take appropriate action. This may include using an interpreter, rescheduling, or referring the patient for in-person care to ensure proper medical support.

7.3.5 Investigations like Laboratory tests and Imaging if needed, Health institutions should ensure easy access to Laboratory or radiology services.

7.3.6 Prescription and Medication Collection:

7.3.6.1 Prescribing medication through telehealth is permitted, with caution for controlled substances.

7.3.6.2 A "prescription referral" can be used for patients in distant locations, allowing prescriptions to be sent to the nearest available health facility (as per "Patient Referral Procedures – 2021").

7.3.6.3 Patients or caregivers can collect medications from the health institution or through Drug Delivery Services, if available, as per sector-specific regulations.

7.3.6.4 Onsite pharmacists should adhere to the verification process by verifying patient identity, checking the prescribing doctor's details, reviewing the drug, and having hotline access to the telehealth provider.

7.3.6.5 Patients should report Adverse Reactions, Quality Issues, or any concerns to the onsite pharmacist.

7.3.6.6 Medication refills should follow the policies and procedures established by the respective healthcare sector or institution.

7.4 **Post-Telehealth Consultation Documentation and Reporting:**

7.4.1 Documentation of Encounters: Document all encounter details in Electronic Health Record (EHR)

7.4.2 Ensuring Continuity of Care by maintaining seamless patient care post-consultation:

7.4.2.1 Clearly communicate follow-up plans to patients, including referrals, lab tests, medication adjustments, or in-person visits.

7.4.2.2 Schedule follow-ups automatically within the telehealth platform or integrate them into the patient's healthcare plan.

7.4.2.3 Enable care coordination between virtual and in-person services to prevent care gaps.

7.4.3　All critical incidents must be reported to ensure patient safety and service integrity, including:

7.4.3.1 Actions taken against medical advice, premature call terminations, or misuse of the system.

7.4.3.2 Medical or technical errors impacting patient care.

7.4.3.3 Delays in referrals, unaddressed urgent cases, or patient dissatisfaction affecting care outcomes.

Chapter Three

Organizational Roles and Responsibilities

8. **Roles and Responsibilities:**

A: National -Level Oversight (Regulatory Bodies):

8.1 **National Health Authorities (MOH and Regulatory Bodies):**

    8.1.1   Set national policies and regulatory standards for telehealth across all healthcare sectors (Government & Private).

    8.1.2   Ensure alignment of telehealth services with Oman's digital health strategy.

    8.1.3   Monitor implementation and quality assurance across different institutions, including MoH, and private healthcare establishments.

    8.1.4   Facilitate coordination between government sector, and private healthcare sectors to ensure interoperability.

8.2 **Director/ Head of Virtual Health:**

    8.2.1   Develop and implement telehealth policies aligned with national healthcare regulations and sector-specific needs.

    8.2.2   Ensure secure and reliable telehealth service delivery across healthcare institutions.

    8.2.3   Monitor compliance with national and institutional telehealth standards for quality assurance.

    8.2.4   Facilitate staff training and capacity building for healthcare providers, nurses, and IT personnel involved in telehealth.

    8.2.5   Oversee the deployment, integration, and maintenance of telehealth platforms within institutions.

    8.2.6   Ensure data security, privacy, and interoperability between different EHR systems.

    8.2.7   Coordinate telehealth technical support to troubleshoot system issues and improve user experience.

    8.2.8   Monitor and analyze telehealth KPIs to assess service quality and drive continuous improvements.

8.2.9 Facilitate collaboration among different healthcare sectors to ensure continuity of care.

8.3 **Directorate General of Private Health Establishments:**

The Directorate General of Private Health Establishments (DGPHE) is the official regulatory body responsible for licensing, monitoring, and supervising private healthcare providers offering virtual clinic services. It ensures platform approval, compliance with legal frameworks, and alignment with national digital health policies.

8.3.1 Enforce **Ministerial Decision No. 109/2020**, which governs licensing and operational standards for private telehealth services.

8.3.2 Accept licensing applications from private establishments via official channels.

8.3.3 Evaluate and approve telehealth platforms in coordination with:

8.3.3.1 **Directorate General of IT** – for system integration and security;

8.3.3.2 **TRA** – to ensure compliance with telecom regulations;

8.3.3.3 MoH legal and licensing for practice.

8.3.4 Authorize private healthcare professionals (e.g., physicians, specialists) to practice virtually, ensuring they are properly licensed.

8.3.5 Maintain registries of:

8.3.5.1 Approved private virtual health platforms;

8.3.5.2 Licensed healthcare providers delivering virtual care.

8.3.6 Monitor adherence to clinical, ethical, and data protection standards.

8.3.7 Oversee submission and evaluation of incident reports and patient complaints, ensuring corrective actions are taken.

B: Institutional-Level Management (Operational)

8.4 **Director General of Health Services in the Governorate / Hospital Director (government & private sector):**

8.4.1 Implement telehealth services at the governorate or private healthcare establishments, following national guidelines.

8.4.2 Ensure the availability of infrastructure, technology, and trained personnel for telehealth operations.

8.4.3 Oversee integration of telehealth services with existing healthcare services in their respective facilities.

8.4.4 Evaluate local performance metrics and address any operational issues in collaboration with the central directorate.

8.4.5 Liaise with the community to promote telehealth services and address accessibility challenges.

8.5 **Director of Health Programs – Governorate / or equivalent in relevant sector:**

8.5.1 Supervise the implementation of telehealth services in specific programs at the governorate level.

8.5.2 Coordinate with healthcare providers to ensure program-specific telehealth services meet patient needs.

8.5.3 Provide technical and administrative support to health centers in the governorate.

8.5.4 Monitor program-specific outcomes and report findings to the Director General.

8.5.5 Facilitate training and capacity-building initiatives for telehealth providers within the programs.

8.6 **Director/Head of supporting services:**

8.6.1 Supervise telehealth-related activities for paramedical and supportive healthcare services, including nursing, physiotherapy, radiology, laboratory, and other allied health fields.

8.6.2 Ensure that telehealth professionals, including tele-triage nurses and allied health providers, are trained in communication, virtual assessment, and telehealth tools.

8.6.3 Monitor the quality and efficiency of telehealth services provided by allied health professionals.

8.6.4 Address challenges in telehealth service delivery related to paramedical and supportive healthcare services and implement solutions.

8.6.5 Promote best practices and interdisciplinary collaboration for patient-centered care in telehealth consultations.

8.7 Director of IT:

8.7.1 Ensure the functionality, reliability, and security of telehealth platforms and related technology.

8.7.2 Provide technical support to healthcare providers and staff using telehealth systems.

8.7.3 Manage data privacy and security measures in compliance with national policies.

8.7.4 Implement system upgrades, troubleshoot issues, and ensure integration of telehealth data with the EHR system.

8.7.5 Train staff on the effective use of telehealth technology and platforms.

8.8 Head of Department/Section– equivalent in relevant sector:

8.8.1 Oversee telehealth services in health centers, hospital clinics, and outpatient departments, ensuring compliance with national and sector regulations.

8.8.2 Supervise telehealth consultations to maintain quality care and continuity between virtual and in-person services.

8.8.3 Resolve telehealth operational challenges and coordinate with relevant authorities for support and improvements.

8.8.4 Monitor performance metrics, assess efficiency, and submit reports to the governing or regulatory body.

8.8.5 Promote telehealth awareness among patients, healthcare professionals, and administrative staff.

8.9 Telehealth Care Provider:

8.9.1 Attend training programs related to the telehealth services.

8.9.2 Conduct telehealth consultations, including virtual assessments, diagnosis, treatment planning, scheduling appointment and follow-up care.

8.9.3 Ensure patient safety and maintain high standards of professionalism during virtual consultations.

8.9.4 Document patient interactions thoroughly in the electronic medical record system.

8.9.5 Provide health education and guidance to patients through telehealth platforms.

8.9.6   Adhere to all legal, ethical, and professional standards while delivering telehealth services.

8.10 **Virtual Tele-Triage Nurse:**

    8.10.1 Conduct initial patient assessments, verify eligibility, and determine the urgency of care required.

    8.10.2 Guide patients to appropriate telehealth services or refer them to in-person care when necessary.

    8.10.3 Provide basic health education and advice for non-urgent cases.

    8.10.4 Document triage outcomes and any unusual occurrences during the tele-triage process.

    8.10.5 Support telehealth care providers by ensuring patient readiness for consultations and assisting with follow-up care.

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9. Monitoring and quality improvement

9.1   Establish metrics to evaluate the quality and effectiveness of Telehealth services, this includes for example key performance indicators (KPIs) and through analyzing relevant statistics in EHR.

9.2   Implement regular reviews and updates of the Telehealth policy based on patient feedback and outcomes.

9.3   Create a system for collecting patient feedback to facilitate continuous improvement of services.

All telehealth activities must comply with legal, ethical, and regulatory standards, supported by audits and ongoing monitoring.

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10. Payment and Insurance for Telehealth Services

10.1 Payment: Telehealth services fee should be clearly defined prior to service delivery.

10.2 Health insurance coverage of telehealth services shall be applied in accordance with the regulations on health insurance coverage in Oman.

Chapter Four

Version Control and Supporting Documentation

11. Document History and version control

Version	Description	Review Date
1	Initial Release	December 2028
2		
3		

12. References

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13. Appendix

 Pre-Implementation Analysis Form for Telehealth Services:

This **Pre-Implementation Analysis Form** helps healthcare institutions assess **readiness** for telehealth services. While **not mandatory**, it provides a structured approach to evaluate infrastructure, compliance, and operations.

Healthcare organizations can adapt or modify the template based on their needs, regulations, and workflows, or use existing assessment tools and international best practices.

Section 1: General Information

Field	Details
Date	
Institution Name	
Contact Person/ Project Leader	
Designation	

Section 2: Readiness Assessment

Area	Assessment Criteria	Yes/No	Comments/Notes
Infrastructure	Adequate internet connectivity available?		
	Required telehealth hardware and software present?		
	Secure and private locations for consultations?		
Staff	Sufficient staff to implement telehealth?		
	Staff trained in telehealth tools and procedures?		
SOPs and Guidelines	Telehealth Procedures & guidelines in place?		
	Clear escalation protocols for emergencies?		
Patient Population	Target population identified?		
	Patients informed and willing to use telehealth?		

Section 3: Stakeholder Engagement

Stakeholder Group	Involvement in Planning	Yes/No	Comments/Notes
Healthcare Providers	Participated in planning and decision-making?		
IT Department	Engaged to address technical needs?		
Administrative Staff	Supportive telehealth implementation?		
Patients and Patient Representatives	Consulted for feedback on accessibility?		
Regulatory Authorities	Approvals and guidance obtained?		

Section 4: Resource Identification

Resource Type	Required	Available	Gap Identified	Notes
Financial Resources				
Telehealth Hardware				
Telehealth Software/Platform				
Staff Training Programs				
Technical Support Services				

Section 5: Risk Assessment

Potential Risk	Likelihood (High/Medium/Low)	Impact (High/Medium/Low)	Mitigation Plan
Technical failures			
Patient data breaches			
Staff resistance to adoption			
Regulatory non-compliance			
Patient dissatisfaction			

Section 6: Implementation Plan

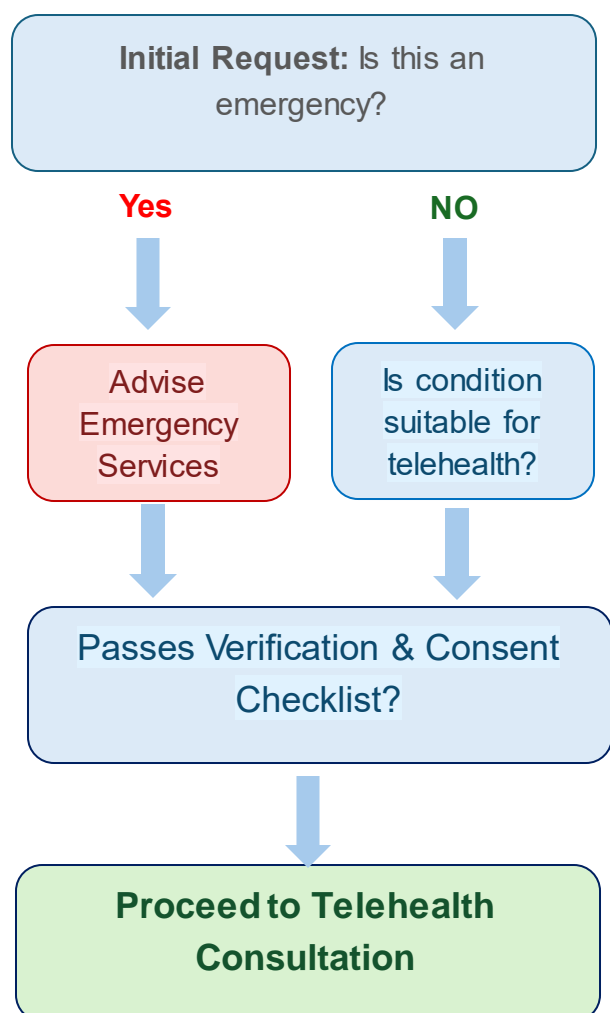| Task/Activity	Responsible Party	Deadline	Status
Staff training			
Platform integration			
Testing and pilot program			
Full launch			

Telehealth Services Procedure

The shift to digital healthcare necessitates a standardized approach. This report outlines the integral process for structural telehealth consultations, ensuring patient safety, provider confidence, and continuity of care across all virtual interactions. The framework is built upon four key phases.

Phase 1: Pre-Consultation & Triage

The foundation of a successful telehealth visit is laid before the consultation begins. This phase involves crucial steps to configure the service, determine costs, and properly triage the patient to ensure they are eligible and prepared for the virtual appointment.

Triage Decision Pathway

This flowchart illustrates the critical decision points that determine a patient's suitability for a telehealth consultation

Initial Request: Is this an emergency?

Yes → Advise Emergency Services

NO → Is condition suitable for telehealth?

→ Passes Verification & Consent Checklist?

→ **Proceed to Telehealth Consultation**

Patient Filtering & Triage Checklist

A systematic triage process is mandatory to verify patient identity, confirm eligibility, and obtain consent before proceeding.

✓**Provider Introduction:** Name, Designation, Department, Institution.

✓**Patient Verification:** Confirm identity and contact information.

✓**Minor Status Check:** Minors under 18 must have an adult representative present.

✓**Risk Assessment:** Conduct if patient circumstances require.

✓**Informed Consent:** Mandatory. Explain service scope, data privacy, and patient rights

Phase 2: The Telehealth Consultation

Each telehealth consultation must match the quality of an in-person visit, adhering to a structured process that fosters trust and ensures a comprehensive clinical outcome. A professional dress code is mandatory for all providers.

1. Introduction & Verification
Greet the patient, introduce all participants (including off-camera staff), and verify the patient's full name to begin the consultation with clarity and trust.

2. Clinical Assessment
Conduct a thorough assessment by taking a proper history, performing a virtual examination if applicable, and reviewing the patient's existing medical records for context.

3. Diagnosis & Management Plan
Apply clinical judgment to establish a diagnosis and formulate a management plan. This plan can include prescribing medication, providing health education, ordering tests, making referrals, or scheduling follow-ups.

4. Action Plan & Arrangements
Clearly explain the management plan and ensure the patient agrees. Provide concrete details for all arrangements, including how and where to get tests, collect prescriptions, attend referrals, and schedule follow-ups.

5. Conclusion & Documentation
Offer the patient a final opportunity to ask questions. After ending the consultation, promptly and thoroughly document the interaction in the patient's medical record.

Phase 3: Post-Consultation & Continuity

The care journey doesn't end when the call does. Meticulous documentation and proactive follow-up are essential for ensuring continuity of care and maintaining service integrity.

Ensuring Continuity of Care

Seamless patient care is maintained by clear communication and proactive planning post-consultation.

➔ **Communicate Plans:** Clearly explain follow-up steps, referrals, and lab tests to the patient.

➔ **Schedule Automatically:** Use the telehealth platform to schedule next steps or integrate into the patient's care plan.

➔ **Coordinate Care:** Enable seamless coordination between virtual and in-person services to prevent care gaps.

Critical Incident Reporting

All critical incidents must be reported to ensure patient safety and service integrity. This includes:

- Actions taken against medical advice.

- Medical or technical errors impacting care.

- Delays in referrals or unaddressed urgent cases.

- Patient dissatisfaction affecting care outcomes.

Meticulous Documentation

Record all aspects of the consultation promptly in the patient's medical record.

✓ Patient Consent: Note that consent was obtained.

✓ Assessment & Diagnosis: Log findings and the final diagnosis.

✓ Management Plan: Record prescriptions, referrals, and all instructions given.

Guiding Principles & Protocols

Effective telehealth requires adherence to critical guidelines that protect both patient and provider. This includes understanding clinical limitations, managing high-risk scenarios, and following strict protocols for prescriptions.

Legal & Professional Liability

Providers must be aware that misdiagnosis, misconduct, or negligence in telehealth are treated the same as in-person incidents. Fulfilling the duty of care is essential to avoid liability.

High-Risk Scenarios

Avoid telehealth for legally sensitive cases like assault, abuse, or suicidal attempts. If the patient refuses in-person care, proceed with extreme caution to mitigate legal risks.

Recommend In-Person Care When:

- Diagnosing complex or serious conditions.
- Delivering critical lab results requiring discussion.
- Addressing sensitive health concerns.
- Facing communication barriers (language, poor connectivity).

Prescription & Medication Protocol

Prescribing is permitted but requires a rigorous verification process. "Prescription referrals" can be sent to closer facilities for patients in distant locations.

1. Onsite pharmacists must verify patient ID, prescriber details, and the drug itself.

2. Patients must be instructed to report any adverse reactions or quality issues.

3. For drug delivery services, confirm eligibility, verify address, and provide clear instructions.

4. Ensure secure, timely delivery and offer follow-up for any medication queries.

5. Medication refills must follow established institutional policies.